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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Bangladesh

The Executive Director recommends that the Executive Board approve the country programme of Bangladesh for the period 1993 to 1995 in the amount of $52,800,000 from general resources, subject to the availability of funds, and $56,821,000 in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	Page
THE SITUATION OF CHILDREN AND WOMEN	2
PROGRAMME COOPERATION, 1988-1992	4
RECOMMENDED PROGRAMME COOPERATION, 1993-1995	8

List of tables

1.	Basic statistics on children and women	16
2.	Expenditure under previous cooperation period, 1988-1992	18
3.	Planned expenditure, 1993-1995	19
4.	Linkage of programme budget and staffing/staff costs	20

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendation for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

THE SITUATION OF CHILDREN AND WOMEN

1. Combination of three physical characteristics distinguishes Bangladesh: high population density; widespread poverty; and a volatile environment. These characteristics have constrained improvements in the situation and lives of women and children. Material poverty is the norm. The per capita gross national product was $200 in 1990, and six out of seven people lived in absolute poverty. Using another indicator - nutritional status - more than 60 per cent of the population of the country live below the poverty line, which is defined as the consumption of 2,100 calories or less per day.

2. Since its creation in 1971, Bangladesh has been working to establish a democratic political system. The election of a national parliament by popular vote in 1991 has moved this process forward. While the current reorganization of the economy (privatization, decontrol and a free market orientation) is expected to result in accelerated economic growth, close attention must be paid to promptly identify and correct any adverse social consequences. Several safety net programmes are already in place which have had varying degrees of efficiency and effectiveness. Bangladesh enjoys a comparatively strong physical infrastructure.

3. More than 75 per cent of the total development budget of Bangladesh comes from foreign aid. Donors largely favour capital investment and the Government is left with ever-increasing recurrent expenditures. This mode of external assistance strains limited government resources and means that they cannot always be used optimally.

4. Difficult conditions prevail for children in Bangladesh, which are even worse for girls. Throughout her life, from the food she eats to the schooling that defines her future hopes, the girl gets less. Infants are at severe risk. In 1991, one half of all the people who died in Bangladesh were children under five years of age. Of every 1,000 children born, fewer than 100 are delivered by a traditional, trained birth attendant (TBA) and 280 are low-birth-weight babies. As a result, out of these 1,000 babies, 12 die within hours after birth from birth injuries or because of prematurity. Another 23 babies die during the first week of life, mostly because of prematurity and from neonatal tetanus. Current tetanus toxoid coverage for mothers, more than 70 per cent, has reduced these deaths by one third, but the number of deaths remains at about 50,000 per year. Another 75 of those 1,000 infants die before reaching their first birthday. Major causes are acute respiratory infections (ARI), diarrhoea and malnutrition, and tetanus. Although breast-feeding is universal in Bangladesh, mothers rarely breast-feed soon after birth. Moreover, most children are not protected by exclusive breast-feeding: 9 out of 10 babies receive supplementary foods before they are five months old.

5. Another 31 of each 1,000 babies die between the ages of one and five years. Thus, as reported in the State of the World's Children 1993 report, under-five mortality rate (U5MR) was 133 per 1,000 live births. Each year there are over 65 million episodes of diarrhoea in children under five years of age, resulting in 260,000 deaths - one third of all child deaths. Only 16 per cent of rural households use tube-well water for all purposes; the other households, by using unsafe water, nullify the effect of a readily available safe water supply. Sanitation continues to be a major problem; only one fourth of rural households

have access to sanitary latrines. The high population density, combined with unsanitary defecation practices, result in high exposure of the population to pathogens.

6. More than 90 per cent of children are malnourished by the age of 12 to 18 months. This is due not only to poverty and a lack of food, but also results from ill health and inadequate caring practices. Almost 100 children a day go blind because of vitamin A deficiency and more than one half of this number die. Less severe vitamin A deficiency affects 1 million children between the ages of 6 and 72 months. A 1982 survey by the Institute of Public Health and Nutrition concluded that about 38 per cent of the population suffered from obvious iodine deficiency disorders (IDD); in some northern districts the prevalence of goitre reaches 50 to 80 per cent. It is likely that nearly all have marginal iodine deficiency.

7. Between 1985-1990, immunization coverage increased from less than 2 to 65 per cent for the third dose of combined diphtheria/pertussis/tetanus (DPT) vaccine and nearly 90 per cent for anti-tuberculosis (BCG) vaccine. A joint Government/World Health Organization (WHO)/UNICEF coverage survey in February 1991 assessed that of all children 12 to 17 months of age, 86 per cent had received BCG, 69 per cent three doses of DPT and oral polio vaccines and 65 per cent measles vaccine before the age of 12 months. Coverage of women by tetanus toxoid was 74 per cent.

8. Although about 77 per cent of children enrol in school, only one half of them attend regularly and almost one half of them drop out altogether, especially in the first two years. About 35 per cent of those who enter the system in grade I finish the five years of primary school and a mere 5 per cent are able to complete the high school certificate examination in grade XII. Fewer girls enrol than boys and more girls drop out, and more urban children are enrolled than rural. Among the poorest rural people, illiteracy is virtually universal.

9. Young motherhood is the norm, with one half of all women married by the time they are 18 years old. The age at first marriage is rising, but as recently as 1974 one out of two women was married by 16 years old. This has not yet had a major impact on fertility, as women who marry very young generally do not bear children right away.

10. Adolescent girls typically do not have adequate nutrition and thus their growth is often stunted. They are usually anaemic, and when they have their first baby, especially if they are under 20 years old, their risk of dying is high. At the other end of the scale are women over 35 years old or who have already had more than five babies. On average, 15 per cent of pregnancies occur in the high-risk group, accounting for 600,000 pregnancies at any one time. With each pregnancy an already undernourished body becomes further depleted and the risk of dying increases. The maternal mortality rate (MMR) is 600 per 100,000 live births, among the highest in the world. Less than one third of pregnant women receive any prenatal care beyond tetanus toxoid immunization, and none of the 460 health centres at the thana (subdistrict) level are equipped to help a woman who has an obstructed labour or who is haemorrhaging. The number of couples who use contraceptives has risen steadily over the last 15 years from about 7 per cent in 1975 to 40 per cent in 1991, and the total fertility rate has declined from 7.5 births in 1970 to 4.9 births in 1988. None the less,

almost 50 per cent of pregnancies are unplanned and often unwanted. The use of contraceptives is much higher in urban than in rural areas and among women in their thirties.

PROGRAMME COOPERATION, 1988-1992

11. The Bangladesh country programme is prepared, monitored and periodically adjusted through a mechanism known as the Joint Government/UNICEF Advisory Group (JGUAG). This group, which is chaired by the Planning Commission, brings together all the sectoral ministries with which UNICEF works. Other United Nations agencies, donors and non-governmental organizations (NGOs) also participate as observers.

12. The current programme is guided by policy objectives of the government five-year plan and the UNICEF medium-term plan dealing with poverty alleviation; universal primary education; acceleration of the reduction of infant, child and maternal mortality; and the slowing of population growth through improvements in the well-being of children and their mothers.

Women's issues

13. Women's issues have been increasingly addressed in each project. The main social development sectors have designated focal points to review, include and monitor women's issues. For the first time, a major chapter on women in development was added to the Government's fourth five-year plan. Bangladesh promoted the idea of the Decade for the Girl Child in the region of the South Asian Association for Regional Cooperation. As a part of the regional effort, the Government made specific plans to reach girls and to initiate gender planning and awareness training, and UNICEF provided support for these efforts. There remains, however, a critical lack of adequate resources and a weak infrastructure to deal with the problems women face. Experimental and demonstration programmes for women are needed, as well as the incorporation of women's concerns in mainstream programmes. UNICEF also supported the social component of the Grameen Bank activities, including training in banking and credit management.

Health

14. The health objectives supported by UNICEF addressed major causes of child and maternal mortality, as well as improvements in the nutrition and health status of children and women. UNICEF participates in overall health sector coordination as a member of the World Bank-led Fourth Population and Health Consortium. The process of immunization involves 15 million contacts each year with mothers and infants, and these contacts are now also used to promote family planning. The health care delivery system was also strengthened through the establishment of 100 oral rehydration therapy (ORT) corners and the extensive training of counterparts in the control of nutritional blindness, the control of diarrhoeal diseases (CDD) and training in maternal care and safe motherhood.

15. CDD efforts have continued to promote the proper management of diarrhoea. Based on the findings of a 1992 health facility survey conducted jointly with WHO, the mid-term review adjusted the master plan of operations to give priority to the formulation of a comprehensive communications strategy for CDD. The

national oral rehydration project, which accounts for one half of the oral rehydration salts (ORS) produced in Bangladesh, was reviewed jointly by the Government, WHO, the World Bank and UNICEF in mid-1990.

Nutrition

16. In this sector, legislation was passed to control the marketing of breast milk substitutes with many hospitals working towards becoming "baby-friendly". Other legislation was passed in 1989 to mandate the iodation of all salt by 1993 through the provision of iodation plants to all private salt crushers, and 90 salt iodation plants have already been installed. Advances have been made in the nutritional blindness prevention programme. In collaboration with the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), Helen Keller International, the Institute for Public Health Nutrition and the Bangladesh Rural Advancement Committee (BRAC), UNICEF has financed studies on vitamin A and coordinated trials of a new dispenser that will make the administration of vitamin A more accurate, effective and acceptable for both health workers and mothers.

Education

17. Long a neglected sector, education has recently enjoyed stronger government commitment, especially for primary education. Progress is now being made in the formal and non-formal sectors, with an increasing role for NGOs. UNICEF supported the development of a revised curriculum intended to help students in each grade acquire a certain level of skills and knowledge. UNICEF also supported the production and distribution of textbooks, teacher-training materials, the strengthening of management and supervision, and community participation. Increased national awareness about girls' education and the need for primary education is reflected in policies adopted in 1992 on free education for rural girls up to class VIII and legislation on compulsory primary education. UNICEF advocated the development of a non-formal education policy and supported programme development for functional literacy through five NGOs and schools set up by BRAC, which received the 1992 UNICEF Maurice Pate Award for its contribution to the education for poor girls.

Water supply and sanitation

18. Bangladesh is one of the few countries to have reached the water supply goals of the International Drinking Water Supply and Sanitation Decade. On average, 85 per cent of the rural population have access to safe drinking water within 150 metres. UNICEF has supported the Government through the Department of Public Health Engineering (DPHE) in introducing low-cost, appropriate water technologies in rural areas. A recent survey showed that in rural areas, 90 per cent of the public tube-wells and 96 per cent of the private tube-wells are in operating condition. During this planning period, the Government accelerated implementation; the rate of installation of tube-wells in rural areas is almost 100 per cent of the planned targets.

19. Progress in sanitation has moved rapidly, but coverage is still low, which limits progress in public health. In 1988, fewer than 8 per cent of households had waterseal latrines; the government target for sanitation coverage of rural areas for 1995 was 11 per cent. The Government, with UNICEF support, has introduced an "integrated approach" which advocates a package of latrine usage,

good hygienic habits and the use of safe water. UNICEF has collaborated with DPHE to forge alliances with other partners. UNICEF has also provided DPHE with support for construction materials, training and subsidies. These policy changes, combined with greater emphasis on sanitation in many NGO programmes, have helped to increase the coverage of all types of latrines to 26 per cent in 1992. On the basis of this improvement, the Government revised the target for 1995 up to 35 per cent.

Urban basic services

20. The slum improvement project is being implemented in 100 communities in 20 urban areas, benefiting 18,000 families. It has helped women in these areas to acquire new skills and has provided loans with which women can set up their own income-generating activities.

Children in especially difficult circumstances

21. This programme is in its infancy. To respond to the increasingly difficult situation that faces street children, UNICEF has supported activities that focus largely on awareness- and network-building and training. Some key actions include the organization of Shishu Adhikar (Children's Rights) Forum, a network of agencies working for disadvantaged children; the preparation of an inventory of agencies with projects for disadvantaged children in urban areas; the printing of books and a syllabus for use in the vocational schools for working children; the training of child-care providers and children on the Convention on the Rights of the Child; and action research on street children and girl domestics.

Area-based programme

22. The Government has accorded priority to the economic and social development of the Hill Tracts, inhabited by tribal people. The Chittagong Hill Tracts Development Board (CHTDB) was created in 1976. Since 1985, UNICEF has cooperated with the Board in the implementation of an integrated project of basic services. The project supports the provision of primary health care (PHC), non-formal education, water supply and sanitation, applied nutrition and nutrition education, and income generation. It has made it possible for 9,000 families to increase their standard of living through skills training for women and through credit programmes; and it has improved the access of children in this area to health care, education and other basic rights.

Information, advocacy and social mobilization

23. UNICEF has promoted child survival through numerous public information and advocacy activities that have created a greater understanding of the situation of children in Bangladesh on the part of leaders and the general public. These activities include the launch and distribution of State of the World's Children 1993 report and the production and distribution of materials such as the booklet The Child and Islam. Advocacy has also been achieved through the news media. UNICEF has also undertaken a project to introduce a regional communications symbol for the survival, protection and development of the girl child in South Asia, based on a fictional girl child, Meena, in a typical South Asian village.

Lessons learned: management and mobilization

24. The new programme of cooperation will draw on past experience in several ways, most especially in terms of strengthening management, local capacity-building and programme communications/social mobilization efforts. Bridging the gap between knowledge and behaviour is a problem in many areas of social change. Although 93 per cent of mothers are aware of ORT, only about one fourth use it when needed. A review of the situation has led to the conclusion that a more focused and coordinated communication approach is needed, drawing on the successful experience of other countries.

25. Subnational successes can also be instructive. Two of the country's four divisions have reached universal child immunization rates. The Government, WHO, UNICEF, Rotary and other NGOs are jointly exploring ways of replicating this success in the rest of Bangladesh. Some of the factors that have been identified to date are more structured collaboration between the Government and agencies involved in service delivery; more extensive involvement of NGOs in the expanded programme on immunization (EPI) and more intensive local management of the programme. Another lesson from the success of the immunization programme is that more focused targeting to the most vulnerable beneficiary is needed to prevent rather than to cure disease. This lesson applies equally in other health fields, in nutrition, and even in education.

26. In the education sector, lessons can be drawn from the success of community-managed, non-formal learning centres. Some schools run by NGOs, such as BRAC schools, succeed in attracting and keeping children in school through community involvement, quality teaching, efficient use of time, accessibility, flexible schooling hours and a curriculum that is perceived to be relevant. Neighbourhood schools also attract higher attendance from girls. To reach Education for All (EFA) goals, and in view of the limited funding available from the government budget, both government and non-formal systems will require support to incorporate and expand on proven approaches.

27. The recent rapid rise in sanitation coverage indicates how widely a focused government programme can reach when it is combined with widespread advocacy and broad social mobilization. The simple latrine set provided with a subsidy by the DPHE village sanitation centres accounts for less than one third of the newly installed latrines in Bangladesh. Other factors that have contributed to the higher rates include growth in the private sector production of latrines; the inclusion of sanitation in the programmes of many broad-based NGOs; and advocacy by the Government from the highest level and by front-line workers in the health sector.

RECOMMENDED PROGRAMME COOPERATION, 1993-1995

Recommended general resources: $52,800,000
Supplementary funding: $56,821,000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health and nutrition	17 631	15 414	33 045
Education	13 020	13 405	26 425
Water supply and sanitation	4 395	24 427	28 822
Urban basic services	2 865	660	3 525
Women-centred programme	1 950	-	1 950
Children in especially difficult circumstances	900	-	900
Disaster preparedness	600	900	1 500
Information, advocacy and social mobilization	2 280	-	2 280
Planning, monitoring and evaluation	1 866	-	1 866
Area-based projects	2 100	2 015	4 115
Programme support	5 193	-	5 193
Total	52 800	56 821	109 621

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

28. This is a three-year bridging programme, after which the UNICEF programme cycle will be aligned with that of the national five-year plans, and with the United Nations Development Programme (UNDP) and United Nations Population Fund (UNFPA) planning cycles. This three-year programme of cooperation results from a process in which the Government has translated the broad provisions of the Convention on the Rights of the Child and the global goals for the 1990s of the World Summit for Children into activities that are specific to Bangladesh's needs and that are delineated in the national programme of action (NPA). As a bridging programme, it will build on the lessons learned and will explore methods for fully reaching the goals for the 1990s in the forthcoming five-year country programme.

29. The overall objectives of the 1993-1995 programme of cooperation are to contribute to and support the major national child survival and development goals including: to reduce the infant mortality rate from 110 to 80 per 1,000 live births; to reduce U5MR from 184 (the NPA baseline figure for 1989) to 135 per 1,000 live births; to reduce MMR from 600 to 450 per 100,000 live births; to virtually eliminate IDD; to virtually eliminate nutritional blindness due to vitamin A deficiency; to provide universal access

to safe drinking water and to increase sanitation coverage to 35 per cent; to increase the gross primary school enrolment rate to 85 per cent and the completion rate to 45 per cent through formal schooling and non-formal education of comparable standards, with an emphasis on reducing gender disparities; to increase the adult (15 to 35 years) literacy rate to 40 per cent, with an emphasis on female literacy; and to reduce gender disparity by integrating women into the mainstream of development.

30. In all programme sectors, UNICEF Bangladesh works through three main modalities: (a) building capacity by providing financial and technical support to Government and non-governmental organizations in training, for management support and increasingly through efforts to build local-level capacity for planning and programme implementation; (b) programme communications, advocacy and social mobilization; and (c) the provision of supplies.

Health

31. In the health sector, UNICEF will continue to support immunization. As the programme is expanded to EPI Plus, emphasis will be placed on strengthening national capacity through management information systems, communications systems and planning. Steps will be taken to extend the programme to those who have not yet benefited and to strengthen EPI to ensure that it becomes a permanent part of public health programmes. There will be an emphasis on improving the communications ability of all staff who are involved in service delivery. Increasing service accessibility in some hard-to-reach areas with targeted programme interventions will lead to better programme coverage. Management support will also continue at all levels, especially to improve supervision. On the supply side, UNICEF will provide vaccines and cold-chain equipment. Support will be given to the Institute of Public Health (IPH) in their production of tetanus toxoid vaccine by improving their quality control unit and through sample testing. Support may also be given to IPH to begin the production of other vaccines if this is found to be feasible.

32. Additional health care interventions will be provided at existing EPI service points. The first phase will include three services for children (vitamin A, breast-feeding promotion and diarrhoeal disease case management, including the provision of ORS) and three services for the women (family planning, iron folic supplementation and screening and referral for women with high risk during pregnancy). UNICEF will continue to assist in the training of TBAs and in the provision of safe delivery kits. UNICEF will collaborate with UNFPA and ICDDR,B in undertaking these and other measures for safe motherhood. Only four EPI Plus measures (measles immunization, tetanus toxoid for mothers, ORS use and vitamin A administration) will lead to the prevention of 101,000 infant deaths every year out of the current 435,000.

33. New activities in the CDD programme include the implementation of a research-based communications strategy to increase the use of ORT and home management of diarrhoea. Other communications strategies will reach out to health workers. At thana health complexes, an additional 150 ORT corners will be established and the feeding of children suffering from diarrhoea will be introduced to encourage the practice of jointly feeding and using ORT. Training in proper case management and to improve communications skills will be given to 30,000 basic health workers and to 20,000 traditional and private sector village

doctors as women often turn to them first for health problems. UNICEF will continue to provide ORS and appropriate anti-microbials.

34. UNICEF will support training in case management for ARI for 5,000 health providers and a review of the first phase of the project. Other components of the ARI project will include provision of essential drugs for the management of pneumonia and of equipment such as timers. Under the improvement of drug management project, appropriate drugs, training in drug use and assistance in establishing reporting systems for disease profiles and drug use monitoring will be provided. An information, education and communication (IEC) strategy for the prevention of acquired immune deficiency syndrome (AIDS) will be developed. Health services management capacities at the thana level, linked to other PHC projects, will be improved.

Nutrition

35. In the nutrition sector, new strategies will be based on existing programme frameworks, building and expanding on them to show that nutritional improvement is possible, especially through the prevention of malnutrition in young infants. UNICEF will cooperate closely with the World Food Programme (WFP), which has monthly contact with about one half of the country's poorest women through the vulnerable group development programme. In addition, UNICEF will provide vitamin A, vitamin A dispensers, salt iodation plants, potassium iodate and iron folic tablets to reduce or eliminate micronutrient deficiencies. By the end of 1993, all of the 265 salt producers in Bangladesh will be fitted with salt iodation plants, making it possible to meet the target of universal edible salt iodation. The training of health workers in the diagnosis and treatment of xerophthalmia and of salt manufacturers in salt iodation will be a major activity. Knowledge, attitude and practice studies will be carried out and appropriate communication strategies derived to promote the long-term behavioural changes necessary to eliminate micronutrient deficiencies.

36. UNICEF will continue to assist the campaign for the promotion and protection of breast-feeding through workshops, seminars and other advocacy efforts. The "baby-friendly" hospital concept will be promoted at all maternity centres, and lactational management training will be carried out.

37. Following extensive advocacy on the need to address protein energy malnutrition, UNICEF will support pilot community-based nutrition projects with growth monitoring, selected and temporary food supplementation, programme communication and nutrition education as primary components, in collaboration with WFP and other agencies. The effective implementation of these projects will determine the nature of a national nutrition project. UNICEF will assist in developing a national IEC strategy for nutrition and will support periodic nutritional status surveys.

Education

38. UNICEF will support the goal of basic education for all through formal and non-formal education approaches. In the formal system, UNICEF will cooperate with the Government, especially the newly created Division of Primary and Mass Education, in promoting universal primary education. There will also be a focus on improving the quality of teaching and learning in primary classrooms, as well as on raising the achievement level of primary school children. These efforts

will involve improving the quality of materials and teaching, supporting complementary non-formal approaches and promoting community involvement.

39. As a partner in the multi-donor general education project, UNICEF will continue to support the creation of more suitable curricula and the design and production of teaching and supplementary learning materials, including Facts for Life. As these materials are developed centrally, UNICEF will help to develop a system to monitor their use in the classrooms.

40. The development of an in-service training system will be supported. This will include the setting up of model teachers's resource centres. The qualitative improvement of pre-service training programmes will also be supported. UNICEF will provide assistance to apply the recently developed "assessment of basic competencies" survey methodology on a wide scale. Experiments and innovations intended to improve the quality of instruction and retention of children in school will also be funded.

41. The Government has launched an experimental non-formal education project for both children and adults, and UNICEF will provide support for the components aimed at children. These will include early childhood development (ECD), where the main concern is developing affordable models to help prepare children from disadvantaged families for primary school. UNICEF will contribute to the efforts of partner NGOs providing community-based ECD services. Support will also be provided to BRAC and to other NGOs in an effort to expand an effective non-formal education approach for children not served effectively by regular primary schools. This will include bringing in new NGOs and strengthening their capacity to develop and adopt new curricula and primers. Support will also be given to teacher training and management systems. Modest support will also continue for madrashas (mosque-based schools) and makhtabs (community centres). These non-formal education efforts will be followed closely and a management information system will be established for this purpose.

42. As local planning and management are critical to reach EFA goals, and even to implement new curricula, UNICEF will contribute to the strengthening of division and district capacities to plan, monitor and coordinate educational activities. The Kushtia integrated basic education project is an example of one district that has successfully drawn together diverse partners in the community to work for EFA. Funds may be provided to replicate its successes in other parts of the country.

43. Many of the above activities will focus on bringing girls into both formal and non-formal school systems and encouraging them to complete a basic minimum education. The Government's compulsory primary education programme provides free schooling for girls up to class eight, three more years than for boys. The installation of latrines in schools will encourage girls to stay in school slightly longer by providing the necessary privacy, as well as convenience. Village-based, non-formal education is a proven system to bring education to more girls. Finally, there will be many activities to support and implement the social mobilization plan of action for basic education for all, developed by the Ministry of Education, aimed at systematically applying lessons learned from the immunization programme.

Water supply and sanitation

44. The objective of UNICEF assistance in this sector is to help the Government reduce the incidence of diarrhoeal diseases and parasitic infections in children by making safe drinking water even more accessible, by improving the coverage of sanitary latrines and by helping people adopt better sanitary practices. The programme will also work to strengthen government capacity to provide water supply and sanitation in both rural and urban areas.

45. The rural water supply programme will focus on reducing disparities in access to safe drinking water. The water supply programme will involve communities more in the installation and management of tube-wells. Under the new programme, subsidies for installation are being reduced and users will pay in full for spare parts for pumps. Furthermore, the maintenance of shallow pumps will be transferred to the users by 1995. UNICEF will continue to support the installation of tube-wells in underserved areas. UNICEF will provide the construction materials, and community contributions, which will vary according to the type of tube-well and water system, will increase during this planning period. Family caretakers will be trained in maintenance of the tube-wells and in proper sanitation. Overall, new tube-wells will be installed to serve 8.9 million people.

46. In sanitation, steps will be taken to keep coverage rising at a fast pace. UNICEF will support intensive social mobilization for improved sanitation in collaboration with a wide variety of organizations. Intensive activities will be undertaken in diarrhoea-prone thanas involving a wide range of people, especially women, as sanitation promoters. A special project will be undertaken to ensure that primary schools have latrines and these will serve as the base for learning about sanitation. The education package on water supply, sanitation and hygiene, including training curricula, will be updated. As behavioural studies have shown that "convenience and privacy" for women are key reasons why families install latrines, communication packages will focus on this as well as on health reasons. Sanitation promotion efforts will also include a range of affordable latrine technologies such as homemade pit latrines and waterseal latrines marketed through both the DPHE village sanitation centres and the burgeoning private sector. UNICEF will support training for tube-well mechanics, masons and other field-level workers on promoting proper construction, use and maintenance of sanitary latrines. During the programme cycle, more than 17 million people will gain access to sanitary latrines and receive hygiene and sanitation education.

Urban basic services

47. The key urban basic services (UBS) strategy is to adopt a child- and women-focused approach and to involve the sectoral ministries in the provision of basic services to the urban poor. UBS will support the organization of poor urban women into groups for common, self-help activities at the neighbourhood level in all the urban areas, with an emphasis on the four main urban areas where about one half of the urban poor live. A parent-teacher will be trained to conduct a two-hour a day early childhood session with pre-school children. UNICEF will facilitate access to credit for these groups and bear 50 per cent of the costs with the community and municipalities for preparing drains and footpaths in these slums. UNICEF will also support updating the situation analysis of the urban poor through NGOs and competent research institutes.

Health, nutrition, basic education, and water supply and sanitation services supported under this programme will directly benefit 340,000 infants, 1.5 million children and 2 million women.

Area-based project

48. In the proposed programme, the area-based project for Chittagong Hill Tracts, a less developed area with a tribal population, will be expanded from the present 50 to 75 moujas (an administrative area comprised of several villages). In the new areas, house-to-house surveys will identify 16,000 poor tribal families. Pre-cooperative functional groups will be formed that will serve as the focus of a range of activities, including a savings and loan programme which will provide capital for self-help projects. UNICEF will support the establishment of a community centre in each mouja that will be used for group meetings, non-formal education classes, nutrition education classes, and as a mouja project office and warehouse. The communities will provide land and labour costs to construct these centres. Building local capacity is an important part of the project. Leadership training will be given to members of each functional group; tribal women will be trained as community health workers and other women will be trained as birth attendants and as pre-school teachers; and group members will be given skills training in various trades. Support will also be provided to children of the minor tribes for formal education. The capacity of CHTDB will be strengthened through management training, study tours and funds for travel to project sites.

Children in especially difficult circumstances

49. Since the project is still in its infancy, UNICEF support will focus on establishing a baseline on the status of street children and working children and will increase the awareness of the people at all levels regarding the special needs of this and other categories of children in difficult circumstances. UNICEF will continue to support and strengthen Shishu Adhikar Forum and help it to organize street children and working children. Drop-in centres for street children will be set up where children can come for counselling, to seek help in case of need such as illness, to use basic facilities such as safe drinking water or a sanitary latrine, or to take up even one hour of non-formal education. UNICEF will support the development of curricula and training materials for programme managers, field workers and employers. The Department of Social Services will be strengthened to respond to the needs of these children and to evolve a comprehensive policy for them.

Disaster preparedness and mitigation

50. Cyclones and floods will continue to affect Bangladesh, and UNICEF will assist the Government in strengthening disaster preparedness systems in collaboration with UNDP and other donors. The main focus will be the training of subnational officials in disaster preparedness. Research will be undertaken on traditional responses of villagers to disasters, which will be incorporated into social mobilization and community preparedness plans. Communications strategies will be developed for cyclone- and flood-prone areas. Strategies will also be developed to reduce the impact of the predictable, regular diarrhoea peaks linked to the cycles of wet and dry seasons. Thus, the usual relief and rehabilitation response to disaster will be expanded to become more

developmental, and a special focus will be placed on ensuring that emergencies do not have an excessive impact on children and women.

Information advocacy and social mobilization

51. Programme communications will continue to reach out through all sectors. Activities will also be undertaken to build government and NGO capacity for, and to help coordinate, the creation of communications strategies and the development of messages for partners working in the same programmes. UNICEF will cooperate with other agencies, especially UNDP, to professionalize the communications sector through work with market research agencies, universities and other professional communications groups. Interpersonal communications training will strengthen the capacity of field workers' to share information. Advocacy will include outreach to the media, Government and NGOs, service clubs and opinion leaders through conferences and special events through such publications as State of the World's Children 1993 report and Facts for Life, and by working through various media. Social mobilization will involve close work with a wide range of organizations. The Meena Girl Child animated series will continue to be developed, tested and expanded to include additional issues and materials, and wider distribution.

Planning, monitoring and evaluation

52. UNICEF will support networking of primary data collecting agencies and facilitate standardization of definitions and frequency of data collection. Through the Bangladesh Bureau of Statistics, UNICEF will help to establish a national social sector database on women and children in the country to monitor the achievement of the NPA goals. Support will be extended for the preparation of subnational programmes of action for achieving the goals of the 1990s and will also be provided to the Public Administration Training Centre. A national situation analysis will be undertaken, leading to the production of an annual report on the state of Bangladesh children. Support to JGUAG and its secretariat will continue during the project period. Annual and mid-term reviews will be carried out by government counterparts with UNICEF involvement on a sector-by-sector basis and for the total programme. These reviews will indicate necessary modifications in programme implementation as well as lessons for future cooperation.

Programme management

53. The UNICEF Bangladesh country office staff based in Dhaka has been responsible for national policy and for creating the overall financial frameworks jointly with the Government, as well as for managing funds for subnational programmes. Division office staff works with counterparts at division, district, thana and union levels, carrying out a full range of functions from advocacy and external relations to monitoring UNICEF-supported programmes. Over the period of the proposed country plan, the role of the recently created division offices will be strengthened to include more subnational planning in close cooperation with local governments, and within the framework decided upon nationally.

54. To respond to new programmatic needs and to meet the requirements of the centralized policy structure in the country, the office in Dhaka is headed by a representative, supported by a senior programme coordinator and a senior

programme and planning officer, and by programme and operations staff at various levels. Consolidation of seven zone offices into four divisional offices in 1991 made it possible for these subnational offices to be staffed at a sufficiently high professional level to enable them to take on additional roles in planning, advocacy and external relations. Each of the UNICEF division offices is headed by a national officer. The effectiveness, responsibilities and potential of these division offices will be analysed during this three-year bridging cycle to form the basis for any future changes during the next five-year country programme cycle (1996-2000).

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Bangladesh	(1991 and earlier years)			UNICEF country classification
Under-five mortality rate	133		(1991)	High U5MR
Infant mortality rate	101		(1991)	Very high IMR
GNP per capita	$ 220		(1991)	Low GNP
Total population	117	Million	(1991)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	1991
Births	(Thousands)	3,222	4,032	4,422	4,515
Infant deaths (under 1)	(Thousands)	476	524	460	456
Under-five deaths	(Thousands)	770	831	605	583
Under-five mortality rate (per 1,000 live births)		238	211	141	133
Infant mortality rate (under 1) (per 1,000 live births)		148	130	104	101

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1989-1990)	Moderate & severe	--	66 a/
	Severe	--	27 a/
Babies with low birth weight (%, 1983/1990)		47	50
% of primary school children reaching final grade (1980/1988)		17	46

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1975-1976)	91/86/82	.. / .. / ..
Prevalence of wasting (%, 1989-1990)	..	16 a/
Prevalence of stunting (%, 1989-1990)	..	65
Daily per capita calorie supply (% of requirements, 1988-1990)	..	88
Food production per capita index (Index 1979-1981=100, 1980/1991)	102	96
Household expenditure (% of total income, 1980-1985)	All food/cereals	59 / 36

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1991)			26
Access to health services	Total	..	45
(% of population, 1985)	Urban/rural	.. / ..	.. / ..
Access to safe water	Total	38	81
(% of population, 1980/1990)	Urban/rural	26 / 40	76 / 81
Access to adequate sanitation	Total	4	16
(% of population, 1980/1990)	Urban/rural	21 / 1	57 / 8
Births attended by trained personnel (%, 1988)		..	5
Maternal mortality rate (per 100,000 live births, 1985)		..	600

Immunization		1981	1985	1990	1991
One-year-olds (%) immunized against:	Tuberculosis	1	3	86	86
	DPT	1	2	62	60
	Polio	1	2	62	60
	Measles	..	1	54	53
Pregnant women (%) immunized against:	Tetanus	1	3	74	78

TABLE 1 (continued)

Bangladesh

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net) (%, 1980/1990)	Total	62 / ..	73 / 65
	Male	76 / ..	78 / 69
	Female	46 / ..	68 / 61
Secondary enrolment ratio (gross/net) (%, 1980/1990)	Total	18 / ..	17 / 16
	Male	26 / ..	22 / 21
	Female	9 / ..	11 / 11
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	24	35
	Male/female	36 / 12	47 / 22
Radio/television sets (per 1,000 population, 1980/1990)		.. / 1	42 / 5

DEMOGRAPHIC INDICATORS		1970	1980	1990	1991	2000**
Total population	(Millions)	67	88	114	116	144
Population aged 0-15 years	(Millions)	32	44	50	51	59
Population aged 0-4 years	(Millions)	12	15	17	18	21
Urban population (% of total)		8	11	16	17	23
Life expectancy at birth (years)	Total	44	48	52	52	56
	Male	45	48	52	53	56
	Female	43	47	52	52	56
Total fertility rate		7.0	6.4	4.9	4.8	4.2
Crude birth rate (per 1,000 population)		48	46	39	39	35
Crude death rate (per 1,000 population)		21	18	15	15	12

		About 1980	Most recent
Contraceptive prevalence rate (%, 1979/1989)		13	31
Population annual growth rate (%, 1965-1980/1980-1991)	Total	2.7	2.5
	Urban	8.0	6.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1991)		-0.3	1.9
Inflation rate (%, 1965-1980/1980-1990)		15	10
Population in absolute poverty (%, 1976-1977)	Urban/rural	86 / 86	.. / ..
Household income share (%, 1981-1982/1985-1986)	Top 20%/bottom 40%	39 / 22	37 / 14
Government expenditure (% of total expenditure, 1980/1989)	Health/education	6 / 12	5 / 11
	Defence	9	10
Household expenditure (% of total income 1980-1985)	Health/education	.. / ..	2 / 1
Official development assistance: (1980/1991)	$US millions	1283	2142
	As % of GNP	12	9
Debt service (% of goods and services exports, 1980/1989		7	16

a/ Indicates data that differ from the standard definition or refer to only part of a country.
* UNICEF field office source.
** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1988–1992 a/

COUNTRY: BANGLADESH
LATEST BOARD APPROVAL: 1988
GENERAL RESOURCES: $65,000,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									General resources		SF		Total (GR & SF)	
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	Actual	Planned	Actual	Planned
Health	12525	22245	1554	833	800	1704	3777	5570	18656	22641	30352	22746	49008	45387
Household food security and nutrition	3563	2061	225	117	176		500	257	4464	5728	2435	6390	6899	12118
Water supply and sanitation	569	24317	109	210	750	365	443	5833	1871	1287	30725	31490	32596	32777
Education	4740	15858	299		147	30	5237	35	10423	12489	15923	16273	26346	28762
Community organization and development	784		311	25	250		3896	56	5241	8523	81	4000	5322	12523
Women–centred programme	428	127	1308	48	371	63	1830	368	3937	3941	606	150	4543	4091
Programme support, planning and advocacy	162	445	217	87	8091		613	261	9083	10391	793		9876	10391
Emergency	996	7910		17		17	62	1961	1058	1150	9905	12466	10963	13616
Freight	526	11							526		11		537	
GRAND TOTAL	24293	72974	4023	1337	10585	2179	16358	14341	55259	66150 b/	90831	93515	146090	159665

GR = General resources.
FSF = Funded supplementary funding.
SF = Supplementary funding, funded and unfunded.
a/ Actual expenditure includes expenditure recorded as of 17 December 1992.
b/ Including $1,150,000 from the Emergency Reserve Fund.

TABLE 3. PLANNED EXPENDITURE, 1993 – 1995

(In thousands of United States dollars)

Country: BANGLADESH Period covered: 1993 – 1995	Funding status	1993	1994	1995	Total
Health and nutrition	GR	5877	5877	5877	17631
	FSF	7011			7011
	NSF	5808	4803	4803	15414
Education	GR	4340	4340	4340	13020
	FSF	2695			2695
	NSF	4535	4435	4435	13405
Water supply and sanitation	GR	1465	1465	1465	4395
	FSF	673			673
	NSF	8143	8142	8142	24427
Urban basic services	GR	955	955	955	2865
	NSF	220	220	220	660
Women–centred programme	GR	650	650	650	1950
Children in especially difficult circumstances	GR	300	300	300	900
Disaster preparedness	GR	200	200	200	600
	NSF	300	300	300	900
Information, advocacy and social mobilization	GR	760	760	760	2280
Planning, monitoring and evaluation	GR	622	622	622	1866
Area–based project	GR	700	700	700	2100
	NSF	2015			2015
Programme support	GR	1731	1731	1731	5193
TOTAL	GR	17600	17600	17600	52800
	FSF	10379			10379
	NSF	21021	17900	17900	56821
GRAND TOTAL		49000	35500	35500	120000

GR = General resources.
FSF = Funded supplementary funding.
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

BANGLADESH

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET 1993–1995 (In thousands of US dollars)				POSTS a/ and b/ EXISTING POSTS						SUBTOTAL			TOTAL POSTS	STAFF COSTS c/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	D2/L.7	D1/L.6	P/L.5	P/L.4	P/L.3	P/L.2	IP	NP	GS		IP	LOCAL	TOTAL
GENERAL RESOURCES																	
Health and nutrition	17631			17631					3		3	4	3	10	1017	360	1377
Education	13020			13020				1	1		2	3	7	12	753	360	1113
Water supply and sanitation	4395			4395			1		1		2	4	1	7	711	235	946
Urban basic services	2865			2865								1	1	2		73	73
Women–centred programme	1950			1950													
Children in especially difficult circumstances	900			900													
Disaster preparedness	600			600													
Information, advocacy and social mobilization	2280			2280					2		2	4	5	11	678	358	1036
Planning, monitoring and evaluation	1866			1866													
Area–based project	2100			2100					1		1		1	2	339	31	370
Programme support	5193			5193				2	2	1	5	21	113	139	1731	3303	5034
TOTAL GR	52800			52800			1	3	10	1	15	37	131	183	5229	4720	9949
SUPPLEMENTARY FUNDING																	
Health and nutrition		7011	15414	22425				1	4		5	6	11	22	1728	535	2263
Education		2695	13405	16100													
Water supply and sanitation		673	24427	25100				2			2	6	12	20	744	599	1343
Urban basic services			660	660													
Disaster preparedness			900	900													
Area–based project			2015	2015													
TOTAL SF		10379	56821	67200				3	4		7	12	23	42	2472	1134	3606
TOTAL GR & SF				120000			1	6	14	1	22	49	154	225	7701	5854	13555
ADM. AND PROGRAMME SUPPORT BUDGET (Proposed 1994–1995)	Operating costs			3063													
	Staffing b/				1		4	1	1		7	9	44	60	1933	1474	3407
GRAND TOTAL (GR + SF + ADM)					1		5	7	15	1	29	58	198	285			
	Number of posts and staff costs:																
	– At the beginning of previous programme (1988)										29	48	192	269	N/A	N/A	N/A
	– At the beginning of proposed programme (1993)										29	58	198	285	N/A	N/A	N/A
	– At the end of proposed programme (1995) (Indicative only)										29	58	198	285	N/A	N/A	N/A

a/ Each post, regardless of its funding source, supports the country programme as a whole.

b/ The posts are effective 1 January 1994.

c/ Project posts are funded for five years and core posts are funded for two years.

Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.